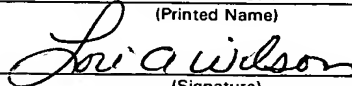


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hooper, et al
Title: PRECISION UNDERVOLTAGE
RELAY CONTROLLER
Appl. No.: Unknown
Filing Date: October 14, 2003
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979073372 US (Express Mail Label Number)	10/14/03 (Date of Deposit)
Lori A. Wilson (Printed Name)	
 (Signature)	

22278 U.S. PTO
10/685157



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

William P. Hooper
3635 Ennfield Lane
Duluth, GA 30096

Scott C. Turner
1197 Maudalay Court
Lilburn, GA 30047

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (19 pages).
- ☒ [X] Informal drawings (1 sheets, Figures 1).
- ☒ [X] Declaration and Power of Attorney (5 pages).
- ☒ [X] Assignment of the invention to Siemens Energy & Automation, Inc..
- ☒ [X] Assignment Recordation Cover Sheet.

The PTO did not receive the following
listed item(s) Application Data Sheet

-1-



- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of ??? listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	23	-	20	=	3	x	\$18.00	=	\$54.00
Claims:									
Independ ents:	3	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$824.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract 1/2 of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$824.00

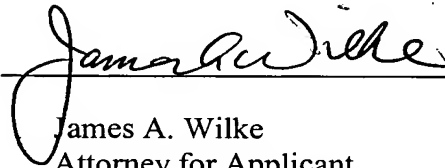
- ☒ A check in the amount of \$824.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10-14-03

By



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